	DEPARTMENT OF PUBLIC SAFETY		EFFECTIVE DATE: FEB 08 2012	POLICY NO.: COR.10.1E.05
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		SUPERSEDES (Policy No. & Date): COR.10.1E.05 & 02/02/2011	
	SUBJECT: MENTAL HEALTH ASSESSMENT AND EVALUATION			Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to ensure that all inmates with positive mental health screens receive a Post-Admission Mental Health Assessment (PAMHA) and a Mental Health Evaluation (MHE) (as appropriate) to determine the mental health history and status of the inmate. Those inmates with a positive screens or positive PAMHA's are referred to the appropriate mental health staff for further assessment and evaluation, if required.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons, National Commission on Correctional Health Care, (2008).
- c. Anno, B. Jaye, Prison health Care: Guidelines for the Management of an Adequate Delivery System, pp.125-6. Washington, DC: National Institute of Corrections (2001).
- d. Abram, Karen M. and Teplin, Linda A., "Co-Occurring Disorders Among Mentally Ill Jail Detainees." *American Psychologist*, pp.1036-45. October 1991.

.2 Definitions

- a. Licensed Mental Health Professional (LMHP): A psychiatrist, a licensed or license eligible psychologist, an advanced practice nurse with a psychiatric clinical nurse specialist (APRN/CNS), a registered nurse with a psychiatric certification or an appropriately qualified physician whom has been provided training in the following policies and procedures: e.g. Suicide Prevention (Suicide and Safety Watch), Seclusion and Restraint, with a minimum of one year experience working with people with mental illness.
- b. Qualified Mental Health Professional (QMHP): An appropriately qualified physician, psychiatrist, psychologist, counselor, therapist, social worker, or nurse who is competent, whether by education, training, licensure, or

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experience, to make a particular decision, or deliver the particular service, at issue.

3.0 POLICY

All inmates with a positive mental health screen will receive a Post-Admission Mental Health Assessment (PAMHA) by a QMHP within fourteen (14) days of admission to the facility. However, inmates admitted to the mental health modules will have a PAMHA within one (1) business day, unless they are placed on a watch status (suicide or safety); in which case the Suicide Risk Evaluation (SRE) will determine whether or not a PAMHA is required, or they have a pre-existing PAMHA from the current facility admission. PAMHA's are not required for inmates who are cleared from watch status within the one (1) business day do not have a serious mental illness. Inmates with positive assessments may be referred to an LMHP for further Mental Health Evaluation (MHE), as needed. All inmates with serious mental illness residing on a Mental Health Treatment module for will have a Mental Health Evaluation (MHE) within fourteen (14) days.

4.0 PROCEDURES

.1 The PAMHA includes a structured interview with inquiries into the history of:

- a. psychotic thinking;
- b. psychiatric hospitalization and outpatient treatment,
- c. suicidal behavior,
- d. violent behavior,
- e. victimization and/or physical trauma,
- f. referral for special education screening and placement,
- g. cerebral trauma or seizures, and
- h. sex offenses,
- i. criminal History (number of arrests, violence of crime, charges, drug related, etc.)
- j. employment / unemployment (length & frequency of each)
- k. financial status (household income & sources)
- l. marital / partner / family (length of time, relationship of parents, etc.)
- m. living accommodations / homelessness (address changes in past year)
- n. leisure / recreational activities (probe for amount of free time)
- o. companions (who, criminal activities)
- p. attitude / orientation (worst thing ever done to someone, justification for present sentence).

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- .2 The interview shall also include the current status of the inmate's:
 - a. psychotropic medications,
 - b. suicidal ideation,
 - c. drug or alcohol use,
 - d. orientation to person, place, and time, and
 - e. emotional response to incarceration.
- .3 Inmates who receive a positive PAMHA may be referred to the appropriate LMHP or educational professional for further evaluation, as needed.
- .4 The PAMHA shall be documented on form DOC 0453.
- .5 The PAMHA shall be documented on the Multidisciplinary Progress Notes in the medical record.
- .6 Mental retardation, developmental disabilities and learning disabilities shall be referred to the Education Program. Mental Health staff shall share necessary information with the Education Program to ensure the proper placement and continued stability of the inmate.
- .7 Further Mental Health Evaluations shall be documented on form DOC 0471 and shall include:
 - a. Diagnoses
 - b. Behavioral Alerts
 - c. Medication and Targeted Symptoms
 - d. Clinical Summary and Recommendations
 - e. Developmental History
 1. Family history
 2. Familial mental illness
 - f. Trauma
 - g. Education
 - h. Marital Status
 - i. Substance Use and Abuse History
 - j. Work and Income History
 - k. Criminal History
 - l. History of Violence
 - m. Adjustment to Incarceration
 - n. Medical History
 - o. Mental Health History
 - p. Current and Past Medications and outcomes

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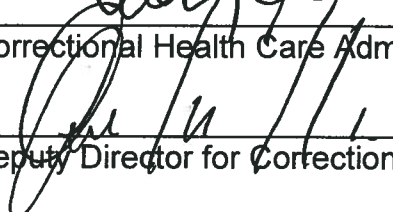
- q. Other Medications
- r. Complete Mental Status Examination that includes risk of suicide, violence and patient strengths
- s. Summary that links DSM criteria to diagnoses, as well as differential diagnoses and rationale
- t. Level of functional Impairment
- u. Final treating diagnoses, with concurrence of treatment team
- v. Final Recommendations

- .8 Patients who require acute mental health services beyond those available at the facility are transferred to an appropriate facility or agency.


5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	1/20/12
Medical Director	Date
	2/6/12
Correctional Health Care Administrator	Date
	2/8/12
Deputy Director for Corrections	Date

APPROVED:


 Director
 2/8/2012
 Date

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

NAME: _____ SID: _____ FACILITY: _____

DOB: ____/____/____ PLACE OF BIRTH: _____ GENDER: () Male () Female

Ethnicity: () Hawaiian/Part-Hawaiian () Pacific Islander () Asian () Native American Indian
() Caucasian () African American () Hispanic () Mexican () Other _____

Current Offense: _____

Considerations For Interview: () None () English Not Primary Language () Hearing Impaired
() Vision Impaired () Wheel Chair/Other Mobility Problems () Security Risk () Other _____

	QUESTIONS	YES	NO
1	Have you ever had an Emotional, Mental or Psychological problem(s)? If Yes,		
2	Did you receive any counseling, therapy or Treatment for your problem(s)? If yes,		
	What was it for?		
	When? Where?		
	From Whom?		
	What was it for?		
	When? Where?		
	From Whom?		
	What was it for?		
	When? Where?		
	From Whom?		
3	Have you ever taken medicine(s) prescribed for the above condition(s)? If yes,		
	Prescribed by (Name MD or Psychiatrist):		
	Name(s) of Current Psychotropic Medication(s)		
4	Have you ever been Hospitalized in a psychiatric unit or hospital? If yes,		
	Where? When? Why?		
	Where? When? Why?		
	Where? When? Why?		
5	Has any member of your Family ever had any mental problem(s)? If yes,		
	Who?		
	What problem?		
6	Have you ever had a severe Head Injury requiring treatment? If yes,		
	When?		
7	Have you ever had a Seizure(s) ? If yes,		
	When was your last Seizure?		
8	Have you ever tried to hurt yourself or Attempt to Commit Suicide ? If yes,		
	How? How many times?		
	Was medical attention required? If yes,		
	What treatment did you receive?		
9	Have you ever Hurt Yourself on Purpose when not trying to attempt suicide?		
10	Are you now thinking of Killing Yourself while in here?		
11	Current Status of Orientation:		
	Person?		
	Place?		
	Time?		
	Situation?		
12	Do you Hear Things other people do not hear? If yes,		
	Describe:		

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

13	Do you See Things other people do not see? If yes, Describe:		
14	Do you believe you have Special Powers that others do not have? If yes, Describe:		
15	Have you ever used or currently use Drugs, Including Alcohol ? If yes, check:		
	QUESTIONS	YES	NO
	() Alcohol () Cocaine () Heroin () Ice/Methamphetamine () LSD () Marijuana () Hallucinogens () Other:		
16	Highest Grade Completed in School: () Grade: ; Graduated H.S./Yr:		
17	While in school, were you ever in Special Education Classes ? If yes, from When to When		
18	Other Developmental or Educational Difficulties (Describe)		
19	Were you ever placed in a Juvenile Detention Center or Boys'/Girls' Group Home?		
20	Employment / Unemployment: Total #'s of Jobs:___ (List last three) Special Skills:		
	Type of Job: Length of Time:		
	Type of Job: Length of Time:		
	Type of Job: Length of Time:		
21	Financial (income and sources):		
22	Marital / Partner / Family Status (positive)		
23	Living Accommodations: (identify last three addresses): _____; _____. If homeless indicate "No"		
24	Where do you consider home? _____	N/A	N/A
25	Leisure / Recreation: identify _____; If too much free time indicate "No"		
26	Companions (who & criminal activities): _____ _____ _____		
27	Attitude / Orientation: Worst thing ever done to someone: Justification for present sentence:		
28	Criminal History - # of arrests ___; charges: _____ _____		
29	Have you ever been Convicted of a Sexual Offense ?		
30	Have you ever, with little or no provocation, experienced Loss of Control that resulted in serious Harm to Someone or Destruction of Property , if yes When? What did you do? When? What did you do? When? What did you do?		
31	Present Emotional Response to Incarceration (Describe)		
32	Have you ever been Victim of Criminal Violence ? If yes, Describe:		
33	Have you ever been a victim of physical abuse or trauma? Describe:		
34	Have you ever had nightmares about abuse/trauma or thought about it when you did not want to?		

MENTAL HEALTH ASSESSMENT & EVALUATION (Post-Admission)

35	Have you ever tried hard not to think about the abuse/trauma or went out of your way to avoid situations that reminded you of it?		
36	Are you constantly on guard, watchful, or easily startled?		
37	Have you ever felt numb or detached from others, activities, or your surroundings?		
38	Is Further Diagnostic Evaluation recommended? If yes,		
	Reasons(s) For Referral (Details Documented in Comment Section Below): <input type="checkbox"/> Current Suicidal Ideation, Intent, Plan or Behavior(s) <input type="checkbox"/> Prior Suicidal Gestures or Attempts in Past 6 Months <input type="checkbox"/> Problematic Behavior(s), Confusion or Disorientation Resulting Directly from Current, Significant Psychiatric Symptoms <input type="checkbox"/> Current or Recent (within the past 6 months) Mental Health Treatment <input type="checkbox"/> Unusual Nature of the Offense <input type="checkbox"/> Standardized Psychological Intelligence Testing <input type="checkbox"/> Trauma History (Treatment, Seclusion & Restraint considerations) <input type="checkbox"/> Other: _____		
COMMENTS:			
Staff Print Name: _____		Staff Signature: _____ Date: _____	
Title: <input type="checkbox"/> MD; <input type="checkbox"/> PhD; <input type="checkbox"/> MSW/LCSW/PSW/HSP; <input type="checkbox"/> MA; <input type="checkbox"/> NP; <input type="checkbox"/> RN; <input type="checkbox"/> LPN; <input type="checkbox"/> Other _____			

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print): _____		Date: _____	
I. PATIENT INFORMATION / PRESENTING PROBLEM / SUMMARY OF EVALUATION			
A. I/M Ethnicity: _____		Non-English Language: _____ Admission date: _____	
Inmate Interviewed On: ____/____/____			
Consent for Release of Information on File:		Yes _____ No _____	Records Requested _____ Date: _____
		Records obtained from: _____	
B. Reason for Evaluation:			
MH Screening Indicates Possible: Thought Disorder _____ Mood Disorder _____ Suicidality _____ Other: _____			
Staff Referral Indicates: MH History _____ Medication Review _____ Danger to Self _____ Danger to Others _____ Other _____			
Patient Self Referral Describe: _____			
C. FUNCTIONAL IMPAIRMENT Specify: 1=Mild 2=Moderate 3=Severe 4=None Apparent			
_____ Work/School		_____ Medical _____ Behavioral control	
_____ ADL		_____ Interpersonal _____ Mental Illness symptoms	
D. Current DSM DIAGNOSES Treatment Team Diagnosis Approval Date: _____			
Axis I:	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
Axis II:	_____	_____	
	_____	_____	
Axis III:	_____		
Axis IV:	_____		
Axis V:	GAF= _____	AIMS Score: _____	AIMS Date: _____
E. Behavioral Risks and/or Alerts: Suicidal _____ Self Injurious _____ Assaultive _____ Gravely Disabled _____ Other: _____			
Other Relevant Information: _____			
F. Recommendations/Conclusions			
<input type="checkbox"/> Does Not Meet Criteria for inclusion in the Mental Health Services <input type="checkbox"/> Meets Criteria for inclusion in the MHS <input type="checkbox"/> Axis I disorder of _____ Level of Care: Outpatient (General Population) Crisis / Infirmary / Evaluation Module Residential Rehabilitation Module Recommended Housing: Single cell Double cell Rationale: _____ No recommendation			
LMHP: _____		Signature: _____ Date: _____	
Print Name			

MENTAL HEALTH EVALUATION (MHE)

G. List Medications, Dose, Route, Frequency: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	Target Symptoms, Compliance, Duration: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
Allergies: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
F. Clinical Summary / Follow up and Initial Treatment Plan Recommendation: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
LMHP: _____ Signature: _____ Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"> Print Name </div>	
G. Evaluation Follow Up Time Frame or Date:	H. Medication Follow-up Time Frame or Date:

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS**

The Mental Health Evaluation is to be used whenever an inmate is considered Severely Mentally Ill and placed in a Mental Health Module or whenever clinically indicated to support the Comprehensive Treatment Plan.

1. All items on the form must be filled in.
2. The handwriting must be legible. Print or type if necessary.
3. At the top of each page, enter the name of the facility, the name of the LMHP doing the evaluation, and date.

I. Patient Information/Presenting Problem Summary

- A. If inmate does not speak English, indicate primary language.
Admission Date= Arrival date for the current incarceration
Check all sources of information for evaluation.
Indicate if a "Consent for Release of Information" is on file, if records have been obtained, and from where.
- B. Indicate the reason the inmate is being seen for current evaluation.
MH Screening=Results of Reception Center or Ad Seg Mental Health Screening.
Patient Referral=Describe reason inmate wants to be seen as indicated on "Inmate Request for Interview" form.
- C. Functional Impairment - For each of the six categories, estimate whether impairment is mild, moderate, or severe.
- D. List all DSM diagnoses including number and name of diagnosis. Enter the date the diagnoses were approved by the Interdisciplinary Treatment Team. Axis V - Use information in section C to determine the Global Assessment of Functioning (GAF) score using scale in DSM manual.
- E. Indicate any behavioral risks, alerts or other relevant clinical information.
- F. Recommendations - Indicate the outcome of evaluation in Section and whether inmate meets criteria for inclusion in Mental Health Services. If inmate meets criteria, indicate level of care and placement recommendations. Indicate whether single or double cell housing is recommended.
- G. List current psychotropic medications with dosage and frequency of administration. List allergies. Indicate symptoms targeted
- H. Give a brief narrative clinical summary and the recommendation for continuing care. Describe need for follow-up indicating type and date. If additional space is needed, continue on add-a-page.
- I. Indicate the time frame for the next follow up meeting (e.g. one week, 30 days, 90 days)
- J. Indicate the date of the next medication follow up or re-order.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print): _____	Date: _____
II. DEVELOPMENTAL AND SOCIAL HISTORY	
A. Family of Origin: Raised by _____ Siblings: _____	
Family Problems: _____	Mental Health _____ Alcohol _____ Drug _____ Criminal _____
Describe: _____	
Childhood Trauma: _____ Denied; No evidence _____ If yes, describe: _____	
B. Education _____ Standard _____ Highest Grade Completed: _____	
Behavior Problems _____	Special Education/Learning Disability _____ Developmental Disability _____
Comments: _____	
C. Marital: S / M / D / W _____ Number of Marriages: _____ Longest Marriage: _____ Children: F _____ M _____	
Comments: _____	
D. Substance Abuse History _____	
Describe: _____	
E. Work History: _____ Always _____ Periodic _____ Rarely _____ Veteran: _____ Reported _____ Verified _____	
Income source: _____	Work _____ Disability _____ SSI _____ Homeless Issues _____ Adult years employed: _____
Occupation(s): _____	
Longest Period of Employment: _____	
Comments: _____	
F. Criminal History: _____ No priors _____ Juvenile History _____ Gang Affiliation _____ Adult Arrests/Convictions _____	
Describe: _____	
Current Offense(s): _____	
G. History of Violence: _____ None _____ Describe: _____	
H. Adjustment to Incarceration: _____ Adequate _____ Poor _____ SHU _____ Gangs _____ Safety Concerns _____	
Describe: _____	

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS****II. Developmental and Social History**

- A. Indicate who raised the inmate and if there were any problems. Include family history of mental illness/treatment. Indicate if the inmate has a history of traumas including physical, sexual, or emotional abuse or neglect.
- B. Indicate the highest grade achieved by the inmate and whether the inmate had behavioral problems such as Attention Deficit Disorder or required Special Education classes. Indicate if the inmate was diagnosed as being developmentally disabled.
- C. Indicate current marital status, number of marriages, longest marriage, number of children.
- D. Indicate if inmate has a substance abuse history. Describe substances used and tried; and how it affected mental status.
- E. Describe source of income when inmate was arrested. Describe work history including primary occupation and any particular job skills.
- F. Indicate criminal history, including juvenile history, gang affiliations. List instant offense(s) by name (and Penal Code number, if known).
- G. Describe history of violence toward others. Include assaults, domestic violence, and sexual assault.
- H. Describe any special problems in adjustment to prison life.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

II. HISTORY (continued)**I. Medical History:** None reported or documented

Significant head trauma

Allergies

Coma/Loss of consciousness

Seizures

Other relevant medical problems:

J. Mental Health History: None reported or documented

Outpatient care

Inpatient care

While incarcerated

K. Psychotropic Medication: None

Current Psychotropic medications:

Past Psychotropic medications and outcomes:

Other Current medications:

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

II. History (Continued)

- I. Medical History – Describe any relevant medical history. If none, check box.
- J. Mental Health History – Describe past treatment. If possible, give dates and provider's name. Request a release of information to contact and get records from previous providers or inpatient programs. If no prior history, check box.
- K. Psychotropic Medication – List current and past psychotropic medications by name, dosage, dates of prescriptions, and benefits. List other current medications. If no medications, check box.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print):		Date:		
III. MENTAL STATUS EXAMINATION				
A. Appearance:				
B. Behavior/Cooperation:				
C. Orientation:	WNL			
D. Speech:	WNL			
E. Affect	WNL			
F. Mood:	WNL			
G. Sleep/Appetite:	WNL			
H. Cognition:				
Fund of information	WNL			
Intellectual Functioning	WNL			
Concentration	WNL			
Attention	WNL			
Memory	WNL			
I. Thought Processes:	WNL	Tangential	Circumstantial	Loose
J. Perception:				
Hallucinations	None			
K. Thought Content:				
Delusions	None			
Ideas of reference	None			
Obsessions	None			
Magical Thinking	None			
L. Insight	WNL			
Judgment	WNL			

MENTAL HEALTH EVALUATION (MHE)**INSTRUCTIONS****III. Mental Status Examination**

- A. **Appearance** – Describe inmate's appearance, including dress, grooming, body type, posture, nutritional status, hair color, and anything unusual.
- B. **Behavior/Cooperation** – Describe inmate's general behavior including reaction to interview, eye contact, psychomotor movements, unusual gestures, facial movements, abnormal movements, level of cooperation, estimate of truthfulness, and accuracy of information provided.
- C. **Orientation** – Indicate if inmate is oriented in all spheres; describe deficits.
- D. **Speech** – Note if there are any unusual speech patterns, speech disorders, (e.g. stuttering), problems of articulation, pressured speech, unusual phrasing and grammar, unusual use of words, neologisms.
- E. **Affect** – Describe emotional expression including range of feelings, appropriateness, intensity, and duration.
- F. **Mood** – Describe quality, stability, reactivity, intensity, and duration. If depressed explore past history of depressive episodes.
- G. **Sleep/Appetite** – Describe any problems with inmate's sleep patterns: hypersomnia, insomnia. If insomnia, inquire whether there is a problem falling asleep, staying asleep, or early morning awakening. Ask about nature of dreams. Indicate duration of problem. Describe increased or decreased appetite, weight gain or weight loss, duration of problem. Ask about eating disorders.
- H. **Cognition** – Describe in detail any abnormal cognitive processes. **Level of information** – Indicate whether normal, impoverished, enriched. **Intellectual functioning** – In addition to information gained during the course of the interview, indicate results of intellectual screening/testing, TABE test, or school performance if available. Estimate whether intellectual ability lies in below average, average, or above average range.
- I. **Thought processes** – Include description of organization, and level of abstraction.
- J. **Perception: Hallucinations**. Describe any type of perceptual disturbances (e.g. auditory, visual, olfactory); when they started, whether present all the time, and how they are controlled.
- K. **Thought content: Delusions**. Describe content, meaning, type (e.g. grandiose, paranoid, guilt), and inmate's reaction.
- L. **Insight**: Describe level of awareness and understanding of symptoms and problems. **Judgment** – Describe inmate's ability to make socially appropriate decisions, set reasonable goals, cope effectively with problems of daily living, respect the rights of others.

MENTAL HEALTH EVALUATION (MHE)

I/P Name: _____ SID: _____ FACILITY: _____

LMHP (print): _____

Date: _____

III. MENTAL STATUS EXAMINATION (Continued)

M. Suicide History: Ideation Intent Plan Attempt Gesture

Suicide Risk Assessment Checklist completed Date: _____

Risk Factors: PC/SNY Family History History of Serious Attempt

Describe history, lethality, current risk, and protective factors: _____

N. Current violence risk factors:

O. Inmate strengths:

IV. SUMMARY: List DSM criteria that justify the diagnosis
List differential diagnoses and rationale

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

III. Mental Status Examination (continued)

- M. Suicide History – Check appropriate box(es), describe in detail.
- N. Current violence risk factors – Include homicidal ideation, intent, and/or plan.
- O. Describe inmate's strengths that can be helpful in treatment.

IV. Summary: Give a brief narrative summary of inmate's history, current problems, and potential for benefiting from treatment. List DSM criteria that justify the diagnosis, as well as differential diagnoses and rationale for final diagnosis. Use add-a-page, if more space is needed.

I/P Name: _____ SID: _____ FACILITY: _____

DOC 0471 (10/10)

MENTAL HEALTH EVALUATION (MHE)

INSTRUCTIONS

Add-a-Page

This page is to be used:

- When more space is needed for a particular section of either the Mental Health Evaluation or the Treatment Plan.
- To update a previous Mental Health Evaluation with additional information or details. If there is a substantial new history or other information for the Evaluation, use a new Mental Health Evaluation Form.

At the top of the page, check the box to indicate if this is additional information, an update, or corrections to a previous form.

The LMHP completing the form should sign at the bottom.

Fill in the two columns to indicate where the form is to be filed, either behind the page to which the addendum is to be added or on top of the previous form.